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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### MYALGIA.

Read before the Philadelphia County Medical Society, December 14th, 1876,

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"Il semble, au premier abord, que rien ne doit être plus facile que la description du *rheumatism musculaire*. C'est, en effet, une maladie extrêmement commune, n'ayant qu'un petit nombre de symptômes et connue de tout temps. Mais, quand on y regarde de plus près, on ne tard pas à s'apercevoir que rien n'est plus difficile, au contraire, que de tracer avec précision le tableau de cette maladie."  
—VALLEIX.

Clear language is, as a rule, the expression of knowledge; confusion of terms comes of obscure thinking. In nothing is this better shown than in the nomenclature of Medicine. As knowledge of a disease becomes more exact, names for it become more definite; synonyms are cast aside. The affection which is described by modern scientific writers under a multitude of names cannot be generally well understood. Some of the terms applied to it will be found to have grown out of ill-observed facts, others to indicate unwarrantable conclusions. On the one hand misleading symptoms, on the other a false pathology, may be embodied in a name, and when there are many for the same group of morbid phenomena, there are apt, also, to be many views of its nature, all of them more or less obscure, but all alike leading to the same practical result, an irrational therapeutics, always random, often hurtful.

Such a malady is that which gives title to this paper. Muscular rheumatism, myo-rheumatism, myositis, myodinia, myalgia, are terms

by which it is variously known. Valleix has called the trouble by several names which indicate the situation of the groups of muscles affected, as *dorsodynia*, *scapulodynia*, *omodynia*, *cervicodynia*, *lumbodynia*, etc. Such old names as *lumbago*, *wry-neck*, *torticollis*, *growing pains*, add to the confusion.

It is a malady sufficiently common—too common to require any extended description. Probably there is no one present who has not at some time suffered from it, in its slighter or more harassing forms. Anstie\* defines it as "Pain produced in a muscle obliged to work when its structure is imperfectly nourished or impaired by disease." The defect in nutrition may be only relative to the amount of work that the muscle is called upon to do, or there may be absolute mal-nutrition common to all parts of the body. The muscle may be impaired by a local disease, which affects it alone, or share in morbid processes which manifest themselves in other and distant regions.

The pain in the adductors of the thighs after a hard ride, when out of practice; the epigastric pain so often encountered in children; that of measles and that caused by cough; painful stiff neck and stiff back after exposure to cold or damp; the flying muscular pains and soreness that occur in wasting chronic diseases, and during recovery from acute maladies when prolonged muscular effort is too early undertaken, are familiar examples of this affection.

It may be, as regards special muscles or groups of muscles, transient and acute; or it may be of frequent occurrence or persistent, and so become chronic.

\* "Neuralgia and Diseases that Resemble it," 1872.

The chief symptom, the one symptom common to all cases, is pain—pain that is constant, but that becomes marked, sometimes almost unbearable, when the affected muscles are put in action. This pain is felt throughout the muscular mass, but is most intense at or near the points of tendinous insertion, where there is often, also, tenderness.

A second important symptom is spasm. As a rule, it occurs in acute cases only when the muscles are brought into use; later, a condition of tonic spasm, a spastic rigidity, with more or less persistent painfulness, comes on, and, finally, in very chronic cases such tissue changes take place as to lead to great impairment or absolute loss of contractile power, with or without atrophy.

The term myalgia, which embodies the idea of pain, and indicates its seat in muscular tissue, without suggesting any pathological theory whatever, or any analogy with other diseases, seems to me, in the present state of our knowledge, a most appropriate one.

I hope that the discussion of this, one of the inglorious ailments that we are called upon to consider, may not be regarded as unworthy of your attention for a few moments this evening, and I have thought it not without interest to dwell upon—

First, the obscurity of the real pathological conditions underlying it, as indicated not only by the great number of names applied to it, but also by the conflicting views expressed in the text-books;

Secondly, the essential unity of causation and of the pathological conditions in all such painful states of muscles; and

Thirdly, the method of treatment, which, in view of the morbid condition, as far as we may to-day go, and in respect of the symptoms, is certainly rational, and has, moreover, under observation, been found to be constantly useful.

As indicated by the names, the principal theories advanced to account for the morbid manifestations are three in number: 1, that the malady is a rheumatism of the muscles; 2, a form of neuralgia; 3, an inflammation.

1. *Muscular Rheumatism.* That this affection should be popularly associated with rheumatism is not surprising, when the character of the pain is regarded, its aggravation on movement, and the temporary or permanent crippling which it occasions; especially when we call to mind the exceedingly vague and indefinite ideas

which prevail in regard to rheumatism. But that it should be looked upon, far and wide, among physicians, as a form of rheumatism, and over and over again described as such in the latest systematic works—no less an authority in clinical medicine than Niemeyer\* stating that it is rheumatism, and that the same may be said of its etiology as of that of acute and chronic articular rheumatism—and that it should be, so often as it is, lectured about and treated as rheumatism, is to me a matter of wonder.

Let us look at the facts. Nothing is easier. The two affections are under our daily observation, side by side. In this climate, and among working people, few maladies are more common.

On the one hand, we behold a constitutional disease, with wide-spread manifestations—a special joint inflammation, which tends neither to the deposit of urate of soda, nor to suppuration, a peculiar acid secretion from the skin, highly acid urine, a notable tendency to inflammatory heart complications, marked pyrexia—add a disposition to recurrence and to the hereditary transmission of the diathesis, and a rough but easily recognizable sketch of articular rheumatism is before us.

The phenomena of rheumatism may be ill-defined, that is to say, the attack may be sub-acute, but the features are the same; or they may linger and assume the chronic form, in which fever is replaced by a peculiar alteration in the fluids of the body, showing itself in a dull anæmic complexion and a greasy skin, but in all cases the seat of the disease-signs is in the joints; it is articular.

On the other hand, myalgia is not a general malady, nor the expression of one. It is scarcely a disease at all. It is purely local. A muscle, or a group of muscles, overworked, cry out, and this cry is interpreted by the sensation of pain. It is to be borne in mind that the overwork may be absolute, or merely relative to the healthfulness of the muscle at the time. In either case there is a derangement between the balance of work and nutrition in the muscle. The secretions are not altered; there is no sweating; the urine presents no abnormal conditions. Endo- and peri-carditis never occur as complications; fever is absent.

The attack is often light, and quickly passes away. If it become chronic, further nutritive

\* *Lehrbuch der Speciellen Pathologie und Therapie.* Berlin, 1871.

changes take place. The muscle becomes rigid and often atrophies. According to Froriep and Virchow, as quoted by Jaccoud\* and Niemeyer,† the fasciculi are beset here and there with thickened connective tissue. Vogel observed, in several chronic cases, the neurolemma of the nerves supplying the part, to be thickened, hardened and adherent.

In all cases the affection limits itself to the muscles. The joints remain free. Nothing is known of hereditary predisposition to myalgia. In the manifest tendency to recur in the same individual, it and rheumatism are alike. In all essential points their clinical resemblance is of the most superficial kind.

As the result of comparison we have contrast.

Can it, then, be truly said that these two affections are due to the same cause? I think not. It must be admitted that in most cases such muscular conditions are not rheumatic. In my opinion we may go a step further, and say that there is no such thing as muscular rheumatism. The processes which give rise to the phenomena of rheumatism do not directly affect the muscular system.

The credit of having first formulated this opinion previously only vaguely recognized in science, is due to Roche and Cruveilhier,‡ but Valleix, Garrod, Flint, and other writers, who describe myalgia under the head of muscular rheumatism, coincide in this view. Even the statement that the two diseases are frequently associated, is not borne out by the results of extended clinical inquiries. My own observation has not confirmed it. Of seven cases§ taken at random, to illustrate a point of treatment, one had followed an attack of rheumatic fever, one occurred in an individual who had, many years before, suffered from rheumatism, and five give no history whatever of that disease. One followed tonsillitis. DaCosta|| details two cases of myalgia, one in the loins (lumbago), associated with bronchitis, or following it, the other occurring during an attack of rheumatic fever, and having its seat in the muscles of the neck. In the latter case the constitutional disease yielded to treatment which had no effect upon the local malady. Even were the association much more frequent than it is found to be,

the fact would not establish a common causation, seeing that myalgia follows other diseases which impair the nutrition of the body. It is worthy of note that the groups of muscles most frequently involved in cases which happen during or after acute diseases, are those which must work perforce, those which maintain the equilibrium of the body, or carry on respiration, etc. Hence we see wry-neck, lumbago, pleurodynia, associated with other diseases, and affections of the muscles of the extremities after overwork pure and simple.

Further, as has just been hinted, the results of treatment show how unfounded is the belief in the rheumatic origin of muscular pains and rigidities. Of this I can speak confidently since the employment of salicylic acid and salicin in treating rheumatism. Among a multitude of cases reported to show the favorable influence of these drugs, I have yet to find one case of "muscular rheumatism" that has been benefited, and my own experience is the same.

2. *Neuralgia*.—Other observers have regarded Myalgia as a neuralgia, having its seat in the muscles. Valleix\* writes as follows:—"Muscular rheumatism and neuralgia have, in the correspondence of their symptoms, their course, their exacerbations, in the absence of appreciable anatomical lesions, the greatest resemblance to each other. These affections often pass the one into the other. \* \* \* \* The pain, which is the capital symptom of neuralgia, expresses itself, according to our observation, in three ways. If it remain concentrated in the nerves, characteristic, isolated painful points are found; here is neuralgia properly so-called. If the pain is diffused among the muscles, muscular action is principally painful; we have muscular rheumatism. Finally, if it be spread out upon the skin, an excessive sensibility of the cutaneous surface results and there exists a dermalgia. These three forms of an affection which is the same, may all be present at the same time, or two and two; neuralgia and dermalgia, neuralgia and rheumatism, rheumatism and dermalgia."

No wonder he found nothing more difficult than to trace with exactitude the picture of this malady.

Flint,† who has followed Valleix in treating this subject, regards it as closely allied to neuralgia, and states that, "being one of the

\* "Traité de Pathologie Interne," Paris, 1871.

† *Loc. cit.*

‡ "Dict. de Med. et de Chir. Prat." article *Arthrite*.

§ *Philada. Med. Times*, Nov. 7th., 1874.

|| "Penna. Hospital Reports," vol. I.

\* *Loc. cit.*

† "Practice of Medicine."

neuroses, it has no anatomical characters." It is not difficult to trace the results of this teaching in the widespread confusion prevalent in regard to some very common painful affections, as, for example, that painful form of stitch known as pleurodynia, and the still more distressing gastrodynia. Even those observers who refuse to class these affections as rheumatic, are too often at a loss as to whether they are neuralgic or purely muscular. Anstie\* has concisely contrasted the most important characters of neuralgia and Myalgia, in a way that strongly urges the clinical differences between them, as follows:—

## NEURALGIA.

Follows the distribution of a recognizable nerve or nerves.

Goes along with an inherited or acquired nervous temperament, which is obvious.

Is much less aggravated, usually, by movement than myalgia is.

Is at first accompanied by no local tenderness.

Points *douloureux*, when established at a later stage, correspond to the emergence of nerves.

Pain not materially relieved by any change of posture.

## MYALGIA.

Attacks a limited patch or patches that can be identified with the tendon or aponeurosis of a muscle, which, on inquiry, will be found to have been hardly-worked.

As often as not, occurs in persons with no special neurotic tendency.

Is inevitably and very severely aggravated by every movement of the part.

Distinguished from the first by localized tenderness in pressure as well as on movement.

Tender points correspond to tendinous origins and insertions of muscles.

Pain usually completely, and always considerably, relieved by full extension of the painful muscle or muscles.

3. *Inflammation*.—That the muscular affection under consideration should have been referred to morbid processes of an inflammatory kind is very natural. The use of the term myositis embodies this view, which is held, among others, by Garrod. This author\* defines muscular rheumatism as "an affection of the voluntary muscles of an inflammatory nature (?), but un-

accompanied with swelling, heat, redness or febrile disturbance." He assigns the combined influence of cold and damp as a cause, especially when associated with over-use of the muscles.

Though some of the gross characters of inflammation are wanting, and the course of most cases of myalgia is toward a speedy resolution, there are several features of the affection which strongly suggest its inflammatory origin. At all events, the view that the essential pathological conditions consist in a hyperæmia with slight serous exudation, or a partial paralysis of vaso-motor nerves, with escape of serum into the intimate tissues of the muscles, has, from a clinical point of view, much to support it. In the absence of knowledge derived from the actual investigation of the morbid tissue changes in all the stages of the affection, some value is to be accorded to the following facts, as confirmatory of this view:—

It is a local affection; the onset is usually sudden; there is often, from the beginning, a slight, but obvious, fullness of the muscle; tenderness is present as well as pain; in chronic cases inflammatory increase of connective tissue occurs, with changes in the nerve-sheaths and fatty degeneration of muscle substance. Moreover, the permanent contraction (*contracture*), which sometimes finally sets in, is the same as that which follows true inflammation of muscles after injuries (*traumatic myositis*\*).

It is uncertain whether the nerves supplying the muscles are thrown into morbid action by changes in the muscular fibres, and in their sarcolemma, or by simultaneous changes in their own neurilemma. However it arise, irritation of sensory nerve twigs is present, giving rise to pain, along with irritation of motor filaments, which occasion spasms.

Whether the view just spoken of be correct or not, it is probable that the ultimate cause of the irritation within the muscular mass, whatever it is, is common to all cases; and that when Myalgia occurs in a healthy man, after extraordinary muscular effort, or exposure to cold-damp when fatigued, or in a delicate child who has played too long, or in a poorly-fed weaver working long hours over his loom, or in the consumptive whose cough gives him no rest, or in connection with any chronic disease, or acute disease, whether tonsillitis or bronchitis, or fever, or rheumatism, it is the same

\* p. 200.

† "Reynolds' System of Medicine," Vol. I.

\* Erb, Ziemssen's Cyclopædia, Vol. ix.





thing—the expression of muscles or groups of muscles overworked. As I have said, it is not a disease; it is not a symptom of disease. It is an accident of many diseases—of any disease that lowers nutrition. And it is not less an accident of health, when such muscular effort is demanded as is beyond the capacity of health.

The indications for treatment are twofold; first, the relief of pain; and, second, rest as nearly absolute as can be procured. To a great extent, pain is relieved when the muscle is fully extended and at rest.

In the acute forms anodynes are serviceable in allaying pain and inducing repose. Morphia, used hypodermically, is very useful, but this altogether independently of any local action. Hot fomentations, spongio-piline, or various anodyne lotions, may be used over the affected muscles. Lotions containing aconite, chloroform, etc., may be recommended; so, also, the compound belladonna liniment of the British Pharmacopœia; and I have frequently seen great ease result from the use of the following:—

R. Chloral hydrate,  $\bar{3}i-jj$   
Lin. saponis,  $f. \bar{3}vj$ . M.

Plasters of belladonna, conium, etc., are also employed, and an ointment, made thus:—

R. Atropiæ sulphat.,  $gr. j-jj$   
Cosmolina,  $\bar{3}i$ . M.

Frequently rubbed in, over the painful region, may be highly recommended.

Later, when the malady has become chronic, or in cases where it is, from the outset, of the chronic form, the element of spasm becomes important, and more or less rigidity is observed. Here the local use of atropine hypodermically is of the greatest value, and may often be relied upon as the speediest means of cure. Galvanization sometimes does good, but not less often fails, both in relaxing spasms and easing pain. Of acupuncture, as advised by Anstie, I have no practical knowledge in the treatment of myalgia.

To recapitulate:—

Myalgia is a term applied to an affection of the muscles, characterized by pain and spasm.

This affection is known by a variety of names, but it is, in all its forms, probably due to the same pathological condition.

It is a local affection, and arises in most cases from (a) exposure to damp and cold, or from (b) muscular overwork.

It is not rheumatic. (The term muscular rheumatism is a misnomer.)

It is not a neuralgia, in the common sense.

It is not an inflammation, as that term is generally understood.

Its essential pathology is obscure, but it is probably of the nature of a *sub-inflammatory* process within the muscle.

Rest and relief of pain constitute the treatment.

### A NEW REMEDY, CALLED DIGESTINE.

BY A. F. SHELLY, M. D.,  
Of Philadelphia.

This is obtained from the gizzard of the domestic fowl (chicken) and is a specific for vomiting in pregnancy. I have used this remedy for twenty-five years, and it has never failed. It is also the most powerful and reliable remedy for the cure of indigestion (dyspepsia), and sick stomach caused from debility of that organ. It is useful in all cases where the pepsines and pancreatines are used, but with much more certainty of its good results, for it puts all those preparations, in my experience, in the background.

In complicated affections of the stomach, such as inflammation, gastralgia, pyrosis, etc., it may be combined with subnitrate of bismuth and opiates; and in diarrhoea and cholera infantum, with astringents, both vegetable and mineral. I have given the article to several prominent physicians, who have used it with the happiest results, among whom I may mention Professor E. Wallace, of the Jefferson Medical College; he gives me the result of seventeen cases as follows:—

In vomiting of pregnancy, out of nine cases he cured six, and palliated two, and in one case the remedy was not taken according to direction, and therefore had no effect.

He used it in seven cases of sick stomach caused by chronic inflammation of the uterus; cured five, and two remained doubtful. He also used it in a case of very obstinate sick stomach, caused by an irreducible hernia, and says this was the only remedy that gave any relief.

We, who have some experience, all know that vomiting of pregnancy is a sore affliction, and in some cases almost unendurable, nay, indeed, putting life in jeopardy; but in digestine we have a remedy which will prove to be a great blessing to mothers, who, as yet, think

vomiting must be endured as a natural consequence.

If I am able, by this publication, to induce the medical fraternity to make use of the remedy, I am positive that a great boon will be conferred upon a class of sufferers who claim our sympathy.

The dose is from five to ten grains, hardly ever more than five, except in obstinate cases. For children, from one to five grains. My mode of administering it is in a spoonful of water or tea, or it may be strewn on a piece of bread and covered over with a little butter; it is, however, nearly tasteless. In dyspepsia and in vomiting of pregnancy, I direct it to be taken half an hour or so before each meal. In other affections of the stomach and bowels, every two to four hours. I give it uncombined, except in complicated cases, as heretofore mentioned.

The methods by which this principle can be obtained from the viscus are various. When I commenced to employ it, I used it in rather a crude state, by pulverizing the lining membrane of the gizzard; but it requires too much care and precision in the drying and cleansing operation, in order not to destroy its virtues. There is also great inconvenience in obtaining the viscus during the heat of summer and extreme cold of winter, as temperature is one of the main things to be observed, in order to preserve its efficacy, purity and sweetness. Later, finding this mode of preparation unsatisfactory, and inconvenient for the above reasons, I consulted with Wm. R. Warner & Co., 1228 Market street, Philadelphia, who have prepared a form, designated digestine; its purity, and also its good effects, I can vouch for.

#### ON AN OBSCURE HEPATIC AFFECTION.

Read before the Juniata Co. Medical Society,

BY THOMAS A. ELDER, M. D.,  
Of Mifflintown, Pa.

GENTLEMEN:—Since the beginning of November, 1876, I have been called upon to treat forty-three cases of a peculiar liver affection. It may be nothing new or strange, but I do not remember to have met with a case before, in a practice of nine years. I, therefore, bring it to the notice of the society, in the hope that more light may be thrown on its etiology, pathology, and treatment, than I am able to throw upon them.

The following are the prominent symptoms. It is generally ushered in with a chill, followed with high fever, and accompanied with intense headache and aching of the back and limbs. Very rarely is there any recurrence of the chill; the fever generally subsides with the abatement of the active stage of the disease; the headache and other aches rarely continue more than twenty-four or forty-eight hours.

*Pulse*.—Rapid, full and strong; 120 being quite common for adults, and 140 to 160 for children. And a peculiarity seems to be that the pulse continues to beat very fast, a hundred or over, for several days after the fever has subsided. (I cannot speak accurately on this point, as my thermometer is broken, but judge from the heat as indicated by the hand).

*The Liver*.—There is tenderness to the touch over the whole region of the liver, some fullness and hardness, and in some cases, decided enlargement.

*The Lungs*.—The breathing is generally short, quick, shallow and painful. In most of the cases there was congestion of all of the parts of the throat visible; in some of the cases considerable catarrh of the lungs, and in a few cases inflammation—the right lung being the one affected in each case.

*The Tongue*.—The tongue I believe to be pathognomonic, as much so as that of scarlet fever. It is uniformly coated with a more or less heavy yellow or brownish coating, except at the tip, which, for a space of from an eighth to a half inch is bare, redder than usual, and covered to a greater or less extent with fine bright red points, about like the size of a pin point, rarely as large as a pin head. These were not raised above the surface. In some of the cases there was also enlargement of some of the papillæ. Another peculiarity of the tongue is, that it is difficult, in many cases impossible, to keep it still when projected. And when still there is that peculiar fibrillary quivering so common in typhoid fever.

In one case only was there jaundice. In a few cases there seemed to be very considerable irritation, or subacute inflammation of the alimentary tract, which was pretty intractable. In some cases there was vomiting and diarrhoea, principally in children; in some diarrhoea alone, and in some costiveness and constipation. The vomiting was generally bilious, the stools light-colored or green. One case had a convulsion, and another died in a state of spasm,

which lasted twelve hours, and thirty-six after having been taken sick.

The above are the prominent symptoms of the affection as it has come under my notice. It is not necessary to say that all of these symptoms did not appear in every case. In fact, it was rare to find two cases exactly alike. In some it was very mild, amounting only to loss of appetite, with slight indisposition, and in others it was of the most severe character, requiring the most active treatment.

*Etiology.*—On this point I am unable to throw any light. Had it been confined to adults, or to children of a larger growth, or to either sex, or to any particular class of people, I might set it down to the use of too much pork, sausage, etc., or to some peculiarity of sex or surroundings. But every age, sex, and condition were alike affected, from the babe at the breast, or on condensed milk, to the man of hoary head, and those of affluence, as well as those of poverty. Nor was it confined to any particular part of the town or country. Nor, indeed, was it confined to man, for my horse had it, as, also, our kitten. There may have been other cases among the lower animals of which I am not cognizant. As you know, our location is salubrious, so that it could not be due to that. During the summer and fall, as you are aware, we had quite a severe epidemic of scarlatina, also, some diphtheria. Could it be due to a similar general epidemic influence?

*Pathology.*—In many of its features it corresponds very closely to simple acute congestion of the liver, as described by Murchison (Clinical Lectures, etc.), but differed from it in some marked particulars: in being ushered in with a chill and fever; the rapid pulse; the acute tenderness on pressure over the region of the liver, in most cases; the rarity of jaundice; the pathognomonic appearance of the tongue, and the decided nervous element.

*Treatment.*—The treatment has been sufficiently simple and successful. I gave, usually, first a full dose of Epsom salt, accompanied, or followed by full doses of a mixture of tartar emetic, pulverized ipecac, and potassium nitrate, repeated every second hour. The mixture was empirical in each case, and by full doses, I mean sufficient to produce nausea, and, in some cases, vomiting. Under this treatment, a majority of the cases were decidedly relieved within forty-eight hours, and cured in four or five days. In the complicated cases, it was necessary to insti-

tute other treatment, addressed to the particular complication, after the active stage had been subdued by the sedatives. The inflammation of the lungs was much more amenable to treatment than ordinary simple pneumonia. In some of the cases it was necessary to give opiates to relieve the pain and allay the nervous excitement. Some cases required nothing more than the simple treatment above enumerated; others required simple bitter tonics for a week or two. But it was remarkable, considering the apparent severity of many cases, to note the small amount of debility which followed. In some cases it became necessary to give spirits of turpentine and lime water, to allay the irritability of the alimentary canal.

*Diet.*—All meats and stimulating articles of diet were interdicted, and the patients kept on very plain, simple, unstimulating diet, principally milk. Oranges were allowed, and lemonade used freely as a drink.

## HOSPITAL REPORTS.

### PHILADELPHIA HOSPITAL.

SURGICAL CLINIC BY JOHN H. BRINTON, M.D.,  
January 10, 1877.

REPORTED BY J. M. MURRAY, M.D.

#### Hypertrophy of the Prostate.

\* \* \* \* \*

I wish, gentlemen, next to direct your attention to certain points connected with enlargement of the prostate gland, hypertrophy, as it is called; and especially to the proper mode of catheterization to be employed in such cases. First of all, I shall ask you to look at this preparation of a bladder, urethra, and prostate. You will observe the situation of the latter, directly in front of the neck of the bladder, and that it is traversed or channeled by the urethra.

The prostate is often described by anatomists as being equal in size to a horse-chestnut, but as such a comparison is, at best, but a vague one, I must beg that you will try to form and fix in your minds your own estimate of the gland, from the typical one upon the table. Consider this, if you please, to be a gland of natural healthy size. We know that the prostate is subject to enlargement, to true hypertrophy or increased growth of glandular structure, and to enlargement dependent on the growth or formation of fibrous tissue. These developments, termed generally hypertrophy, happen as men advance in years, and are of very frequent occurrence.

Let the pathology of prostatic hypertrophy be what it may, the gland, when it enlarges, presses to a greater or less extent upon the urethra and neck of the bladder, and thus acts as a mechanical obstacle or impediment to the escape of the urine. The increase of size may affect any part of the gland, the lateral lobes, singly, or together, or the isthmus or median lobe, as it is called. Frequently all parts of the gland are simultaneously increased in size. Strange to say, the inconvenience resulting from this affection is by no means in proportion to the amount of local swelling. Lateral or bilateral hypertrophy are sometimes accompanied with comparatively slight evil consequences, while sometimes the distress is very great. Enlargement of the middle lobe, or the isthmus, is most generally troublesome. You can readily understand why this should be, since, as I show you in this diagram, increase of size may cause this middle lobe to act as a valve, so that, from its very position, the harder the patient strains the greater may be the tension on this valve-like obstruction to the urethra, and the greater, consequently, the opposition to the urine flow.

It is difficult, always, to define exactly the varying conditions of the whole or part of the gland which give rise to so much misery. It is not altogether due to the bulk alone, for, as I have before said, I have often examined cases in which very considerable enlargement existed, without corresponding difficulty in urination. A great deal, I fancy, depends upon the amount or degree of induration of the gland, for the gland may be enlarged without being greatly indurated, and, on the other hand, it may be indurated without being very materially increased in size. The presence of an inflammatory condition of the prostate goes far to impede urination, especially if the inflammation be acute or subacute; and you have no idea, gentlemen, how often such an inflammation is developed. Sometimes, perhaps, it results from cold, or straining, or from idiopathic causes which we cannot explain, but often, I repeat, from improper instrumentation.

I will now bring the two patients before you, each of whom suffers from prostatic hypertrophy, and in whom the symptoms are strikingly analogous, and at the same time typical of the affection I am speaking of.

One of these men, J. S., is 62 years of age, has been a seaman, and tells me that he has experienced considerable trouble in emptying his bladder for two or three years past. He passes his water very frequently—every hour, or half hour—more frequently, relatively, at night than in the daytime. Urination is accompanied by pain and by great straining; at times he will fairly tremble with the amount of muscular force which he uses in the attempt. His stream is small; and is devoid of propulsive force. He suffers, too, from constant dribbling, his water coming away from him involuntarily, and, as a consequence, his under-clothes and pants are almost always wet. The urine passed, if collected

and examined, is turbid. He has never had complete retention.

The other patient, W. J., is a man of 78 years of age. He, too, has experienced difficulty in passing his water for several years, and suffers from the same frequency of urination, increased at night, dribbling, and incontinence, as we have met with in the first case. He has, moreover, pain before micturition, and the urine, if allowed to stand, is cloudy and fetid. In both cases metallic instruments meet with obstruction at the prostate gland, and in the latter case there is undoubtedly, I think, an elevation of the gland in the middle line, just in the front of the neck of the bladder. Digital examination by the rectum reveals, in the patient first referred to, enlargement of both lateral prostatic lobes, without any very great induration. In the second patient the hypertrophy is chiefly of the right lobe, which is somewhat hardened.

Here, then, gentlemen, we have two patients with symptoms which we may regard as typical of ordinary prostatic hypertrophy; to wit, frequent micturition, increased at night, preceded, and sometimes accompanied, by pain; absence of propulsive force; cloudy urine, and constant dribbling. This latter symptom is sometimes spoken of as incontinence; it is, in reality, as pointed out by Sir Henry Thompson, an "overflow," and indicates rather that the bladder is charged to its capacity, than that it is incapable of holding its contents. This dribbling is taking place, this morning, from both of these bladders, but I shall show you, presently, by the introduction of instruments, that in each there is a quantity of urine, more or less, to which Thompson has applied the term, "residual urine." The amount of this residual urine differs in different bladders, for the capacity of the organ varies in this disease. I have often, on post-mortem examination, found the bladder greatly reduced in size, with thickened walls and a contracted cavity. Sometimes, however, its walls may be thinned and its capacity enlarged. Another consequence of prostatic enlargement is retention of urine, or entire inability, on the part of the patient, to pass his water. This condition often results, in hypertrophied prostates, from the patient catching a cold, or being imprudent in diet, and from acute inflammation supervening in the already diseased gland; it, of course, should be relieved at once by proper catheterization.

I have thus, in a very few brief sentences, endeavored to touch upon the salient points in the history of prostatic hypertrophy. I have done so as a prelude, simply, to a few remarks upon the use of the catheter, and especially in those cases accompanied by retention, as I have shown you. I know of nothing more puzzling to the young practitioner than to be called in a hurry to a case of retention of urine dependent upon enlargement of this gland; to feel that his patient must be relieved; that his own reputation is at stake; and yet, at the same time, to be undecided in mind as to his exact



course. Therefore, gentlemen, let me ask your attention. If you already know what I have to tell you, repetition can do no harm; if you do not, I, perchance, may do you, and through your ministrations, your patients hereafter, some little good.

In previous lectures I have shown you how difficult urination and retention may be caused by urethral stricture. To-day, I tell you that they may also be caused by prostatic enlargement. In stricture, the urethral canal is absolutely narrowed by deposits within its walls, or closely surrounding and involving its mucous layer. In hypertrophy of the prostate, the urethra is pressed upon by the enlarged gland. It may be very tortuous; it may be elongated; but still, in the vast majority of cases, the calibre of the canal is, I believe, there—when I say its calibre, I mean the distensibility or dilatibility of the urethra, or its power of yielding, to permit the passage of an instrument properly selected and adroitly applied. Now, the business of the surgeon, in these cases, is to choose the right instrument, and so to use it as to cause it to glide readily, and, if possible, painlessly, along the goose-neck course of the devious urethral channel. I here, by a diagram, illustrate this course, and you see at once how the canal may be made to deviate laterally, or in an upward direction, by the enlargement of the respective portions of the gland. See, too, how, in bilateral hypertrophy, a very painful compression may be brought on the urethra, and how strongly the passage of an instrument may be resisted.

Now let us look at the best means of emptying the bladder in these cases of prostatic enlargement. I shall not pretend to consider all, or even very many, of the methods proposed, but shall rather direct your attention at once to the instruments I advise you to employ in the earlier days of your practice.

Here, on the table, I have a series of prostatic catheters; all are good in their way, all are of service in skillful hands, and in proper cases, yet there is a choice to be made, especially by the young practitioner. This one which I now show you is the silver prostatic catheter. You observe its large curve, and notice, too, that the curve extends well up to the point of the instrument. In an ordinary case of prostatic hypertrophy this instrument answers well enough, but when the prostate is irritable, or inflamed, it is apt to cause pain. I do not advise you to employ the metallic catheter, at all events, in your earlier cases; avoid always, if possible, any manipulation which causes pain, if you wish to preserve your patient's confidence, and, at the same time, to do him a real good. If you have a choice of methods, select that which is the least disagreeable to him; and in the vast majority of cases of the trouble we are discussing I think you will find that more may be done by means of the flexible soft catheter, than with the metallic instrument.

Of the soft catheters, we have several varieties. Here is one pattern which I employ very

largely, the French flexible olivary-pointed catheter; you see its long, tapering extremity, terminating in a little bulb. You will comprehend how easily this catheter, when slightly softened in warm water, and well oiled, will glide along the urethra, and how readily its long flexible neck can accommodate itself to the curves and sinuosities of a distorted canal. It is well suited to almost any of the cases of ordinary prostatic hypertrophy, and is very valuable when bilateral enlargement exists, especially if the gland be irritated or inflamed. It is, however, a delicate instrument; the neck is easily cracked and broken, and it does not resist very well the chemical action of the urine, especially should it ever be necessary to leave it for any length of time in the urethra and bladder. Here is another form of catheter, one which is perfectly flexible, absolutely safe, of great ease of introduction, and in every respect a most valuable instrument. It is made of soft rubber; this one is of French manufacture, and this is of English; the surface of the latter is smooth and polished, and, when oiled, passes, with scarcely any friction, along the urethral canal. The French pattern is not quite so smooth, but still it is very good, and it costs only about one-half as much as the English instrument. One very decided advantage possessed by these rubber instruments over all others, is their absolute immunity to all urinary chemical reaction. They can be left in the bladder almost indefinitely without being corroded. This very French instrument, in my hand, has at different times been left in the urethra and bladder for an aggregate of forty-eight days, and yet you see that it is still perfectly sound.

Now let me suppose that one of you, gentlemen, has been called to a case of retention dependent upon prostatic enlargement; that the symptoms are urgent, and that the patient, an old man, must be relieved. What will you do. To begin with, you must have confidence in yourself; the sufferer will then have confidence in you. Go about your professional duties as one knowing exactly what to do, and in this manner. Remember that the patient's position has not a little to do with your ability to pass the instrument; therefore, attend carefully to his posture in bed. Have him brought to the edge of the bed; let his legs rest over the edge, and let each foot be supported by a chair, his knees being well separated. Have each limb separately wrapped in a blanket, and have his body well covered. Thus protected, he will not become chilly; he will be comfortable; will better sustain your manipulation, and he will see that you know what you are about. Put a pillow under his shoulders, so as to relax his abdominal muscles; and at the same time elevate his pelvis by a small, hard pillow.

I have now placed the patient before you, in the position I have described; he is properly wrapped up, and I will now pass this French rubber catheter in the manner I advise you to do hereafter. Before doing so, however, I in-

ject into the urethra, with this small syringe, a couple of drachms of olive oil, and by gentle external pressure let it find its way down the canal. I then dip my catheter in warm water, oil it well, and into its calibre I insert, for five or six inches, this fine catgut, or what is quite as good, a number one flexible catheter. I thus stiffen the upper end of the instrument a little, leaving, however, its lower part as limber and flexible as a whip lash. I now introduce the point of the catheter into the meatus, and carry it easily down, by short successive graspings of the upper, stiffened part. I feel that the point is passing nicely and smoothly along that portion of the canal compressed by the prostate, and that it has now entered the bladder, without producing, my patient tells me, the slightest pain. I withdraw the catgut, and the urine, loaded with mucus and pus, flows out, to the amount of three or four ounces. This is the residual urine I have already described to you, so characteristic of prostatic hypertrophy. I should here state that after a little practice with this rubber catheter, you will find that the central catgut or little catheter is unnecessary; the catheter can be used alone.

I have employed the stiffened instrument merely to show you what to do if you experience any difficulty in a first introduction. Further to illustrate to you how readily this passage of the flexible catheter can be effected, I will ask one of your number to pass this same instrument, freshly cleaned and oiled, upon this other case of enlarged prostate, whom we will place in the same position, and subject to the same manipulation; now, however, we will dispense with the stiffening catgut. (Instrument passed readily, by a member of the class, and residual urine drawn off.)

You thus see, gentlemen, how easily, how very easily, gentle, well-directed manipulation may be made to succeed in difficult cases, and let me tell you, that in each of these patients sufficient disease exists to render catheterization very difficult and painful, had a metallic, or unyielding instrument been employed. I have spoken of the French olivary bulbous bougies; they may be used in the same manner, and are peculiarly applicable when bilateral enlargement of the prostate exists to such an extent as forcibly to compress the urethra; in such case, the instrument must be carried in gently, yet firmly. Here are several varieties, with necks of varying lengths and dimensions, to meet different cases. The common English catheter may be resorted to in the same manner, if the precaution be first taken to thoroughly soften, and thus render them flexible, before introduction.

I have not spoken to you, this morning, of the vertebrated metallic catheter of Squire, nor of other ingenious instruments devised to be passed along the tortuous urethra we have been discussing. To tell you the truth, in all cases where catheterization is painful and difficult I prefer to use those instruments which cause the least suffering to my patient, and in my judg-

ment, in most instances, the end desired can be best arrived at by the use of the soft instruments. There are, it is true, exceptional cases, in which catheters bent at varying angles, as Mercier's and others, are valuable; and these, with matters of after-treatment, I will bring before you in a succeeding lecture. To-day, I have sought only to indicate to you a general mode of treatment. At the same time, I verily and honestly believe that this mode of treatment will go far in enabling you successfully to overcome those urgent symptoms of difficult urination, and of retention, which so often are productive, not only of suffering to the patient in his bed, but also of annoyance to the physician in his practice.

## MEDICAL SOCIETIES.

### NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, December 26th, 1876, Dr. C. K. Briddon, President, in the chair.

Dr. Lewis A. Sayre stated that the membrane which he had found covering the head of the femur, in one of the cases of exsection of the hip-joint reported by him at the last meeting, was composed of true cartilage, according to Dr. Heitzman, who had made a microscopical examination of the specimen. Dr. Sayre remarked that this was a very interesting case, from the fact that the process of repair was going on at that point, while necrosis was progressing below.

Dr. Heitzman said that he had seen an analogous case in Vienna. The patient was a boy, upon whom Billroth had performed the operation for exsection of the hip-joint; true cartilage had been found covering the head of the bone some years later, after his death.

### Intestinal Concretion.

Dr. Heitzman said that he had made a microscopical examination of the concretion found in the appendix vermiformis, which had been presented as a specimen, at the last meeting, by Dr. Briddon. He had found it to consist of a granular molecular mass, in which were imbedded mucous corpuscles, and crystals of magnesia, and phosphates. In this debris were seen small polyhedral elements, as is found in the husks of some fruits, such as gooseberries. Dr. Heitzman was of the opinion that the patient had probably swallowed, a long time ago, the stem of a gooseberry, which had given rise to this peculiar concrete formation.

### Popliteal Aneurism—Ligation of Femoral Artery—Amputation—Sarcoma of Femur, with Symptoms Simulating Popliteal Aneurism.

Dr. Erskine Mason presented two specimens, the first being of aneurism of the popliteal artery, with a history as follows:—

A man, aged sixty-four, was admitted to the

Colored Home on May 10th, 1876. He stated that he had contracted syphilis eight years before. During October, 1875, while jumping over a ditch, he felt as if something had given way in his left knee-joint. Two months before he was seen he had first noticed the presence of a tumor in the left popliteal space. On admission, the tumor was seen, and no pulsation could be detected in the posterior tibial artery. On May 15th the femoral artery was ligated in Scarpa's triangle. Soon evidences of commencing gangrene were noticed, in the form of vesicles, upon the left foot, but it was not until June 14th that the line of demarcation around the ankle-joint became manifest. Amputation was performed toward the end of June. The patient died from prostration, induced by excessive heat, on the eighth day after the operation.

The aneurismal sac had originated from the anterior surface of the artery, and was somewhat larger than an ordinary-sized fist. The tumor was well consolidated. The second specimen was one of sarcoma of the femur, and was of great interest, from the fact that it had given rise to symptoms closely simulating those of aneurism of the popliteal artery. A man, twenty-four years of age, entered Roosevelt Hospital, on March 18th, 1876. He gave a family history of phthisis. Five months before he was seen, he had first felt pain in the posterior portion of his left knee joint. No history of an injury could be obtained. However, some time previous to feeling the pain in his knee, the patient (being an upholsterer) had been laying carpets, which had led the doctor to the opinion that he might have injured his knee at that time. On admission, an oval tumor was seen in the popliteal space, measuring two and a half inches vertically, and two inches transversely. Pulsation was detected in the tumor. On practicing auscultation over its surface, a loud harsh bruit was heard. By making firm pressure upon the femoral artery in the groin, pulsation would cease in the tumor. The left leg was cooler to the touch than the right one. Only slight pulsation could be detected in the posterior tibial artery. The diagnosis of aneurism of the popliteal artery was made by himself, in which all of the members of the visiting staff of the hospital, and all outside medical men who saw the case, fully concurred. On March 17th, treatment by flexion was commenced, which diminished the pulsation and bruit in the tumor. The application of Esmarch's bandage above the tumor was next tried, but became so painful after a short period as to necessitate its removal. The next procedure adopted in the treatment of the case was by digital compression, undertaken by a relay of students, and continued for three hours at a time. This plan was discontinued, and an artery compressor was adjusted over the femoral, and kept on for nine consecutive days, with the result of producing only a slight diminution in the size of the tumor. The operation of ligation of the femoral artery was

finally decided upon, and accordingly performed in Scarpa's triangle, on March 21st. As a result, pulsation had completely ceased in the tumor, and the patient had done well until the sixth day, when he began to complain of violent throbbing and deep-seated pain in the knee joint, which became the seat of severe inflammation. This symptom seemed to indicate suppuration of the tumor, and was regarded as such at the time. On May 1st, Dr. Weir had taken charge of the service. Fluctuation in the tumor was detected, and blood and pus were aspirated by means of the hypodermic syringe. The application of poultices to the tumor was then ordered. On May 21st an incision was made into it and pus discharged. The lymphatic ganglia in the corresponding groin were enlarged. On examining the growth at this period, it was found to spring from the anterior surface of the femur, and it was thought that after all the tumor might not be aneurism. Shortly afterward it had burst, and the first opinion as to its being an aneurism, was entertained. On June 22d amputation of the thigh was performed. The patient had died, of phthisis, on August 5th. An examination of the tumor showed it to be filled with a material resembling laminated fibrin. It had originated from the cancellated tissue of the anterior part of the femur. A microscopical examination, made by Dr. Satterthwaite, had showed it to be a large-celled sarcoma.

Dr. Mason remarked that all the symptoms present were those of aneurism of the popliteal artery, and that he knew of no sign which could have determined the real nature of the disease. The cessation of pulsation in the tumor by compressing the femoral artery was a strong point in favoring the suspicion of aneurism.

Dr. Austin Flint, Sr., said that when tumors were situated near an artery, a double systolic murmur could usually be heard over them.

Dr. Heitzman was of the opinion that it became important to examine the lungs of patients who had aneurism, inasmuch as Rokitsansky, some thirty years ago, had demonstrated the fact that aneurism does not, as a rule, occur in patients who suffer from tuberculosis. He had found that atheromatous degeneration of the arteries did not usually exist in these cases.

Dr. Heitzman himself had found, in about one hundred autopsies of cases of phthisis he had made, only very few in which atheroma of the aorta was present. Of course traumatic aneurisms (*e. g.*, the case presented) were not necessarily included in this statement.

Dr. Ripley said that he had once attended a lady, aged forty, who had died of tubercular peritonitis, in whose case atheroma was found at the lower portion of the aorta. Her lungs had been found in a healthy condition.

#### Dislocation of Humerus, Complicated by Fracture of the Greater Tuberosity.

Dr. Ripley presented a specimen of dislocation of the humerus forward, with fracture of the greater tuberosity.

The history was as follows: A man, fifty-two years of age, whose weight was about two hundred pounds, fell from a carriage, striking his left shoulder. The diagnosis of dislocation of the humerus had been made by a physician shortly after the occurrence of the accident, and after employing the usual manipulations it was thought that reduction of the dislocation had been accomplished. At the end of four weeks the patient had consulted Dr. Ripley for an ulcer upon his leg.

On examining the left upper extremity, it was discovered that the elbow projected backward, and the arm outward from the side of the chest. The shoulder was flattened and the acromion process prominent. In front of the coracoid process, a round and broad (due to the callous deposit) tumor was detected, and recognized as the head of the humerus, from the fact that rotation was produced on causing the same movement of that arm. The diagnosis of dislocation forward and fracture of the neck of the humerus was made by the doctor. The patient had refused to be etherized, and the operation for reduction of the bone had consequently not been practiced. Two years afterward the patient had died of phthisis. Dislocation of the humerus below the clavicle, with fracture of the greater tuberosity, had been found. This condition allowed of a certain degree of motion of the greater tuberosity upon the humerus.

#### Roots of a Vegetable Plant Swallowed by a Hysterical Female.

Dr. Heitzman exhibited the roots of a vegetable plant which had been partly digested. The specimen had been sent to the doctor for microscopical examination, by a physician from Elizabeth, N. J. The patient had complained to him that she was in the habit of passing through her anus this peculiar kind of substance. After receiving Dr. Heitzman's report as to its nature, the doctor had apprised her of

the fact, but she denied *in toto* ever having swallowed the kind of plant mentioned. However, she has passed none of that substance since.

Dr. Heitzman regarded the case as one of hysteria, and in this connection referred to the one reported by Dr. Austin Flint, Sr., at the last meeting of the society, in which the woman had swallowed fragments of a sand (neries) worm.

#### Epithelioma of Labium.

Dr. Hinton presented a specimen of epithelial cancer of the right labium, which he had removed, by operation, a week previous, from a woman, aged 67. The first symptom which had been noticed by the patient had been a frequent desire to micturate. The growth was first small, and had appeared eight months before its removal. It had gradually increased in size, until it filled the whole of the right labium, being, when removed, about the size of a goose egg. The tumor had been examined by Dr. Satterthwaite; on section, it was firm, and not tough, presenting a white, glistening appearance. Under the microscope, white plugs were seen, scattered throughout, which were composed of a large variety of fusiform and oval corpuscles, with large epithelial nests. The gross and microscopic appearances of the growth showed it to be epithelial cancer.

#### Hydrocephalic Cranium.

The President presented, in behalf of Dr. Metcalf, a large-sized cranium, from a colored girl. The specimen had been sent to Dr. Metcalf by Dr. Gettings, of South Carolina, for presentation before the society. The feature of the case was the unusual period of ossification, which had taken place at the age of seven. The largest circumference was twenty-five and three-quarter inches, and the right coronal suture was one and a half inches in advance of the left one.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### A Case of Hermaphroditism.

Translated from the Spanish, by John Sundberg, M. D., Baltimore, Md.

Dr. Ceccherelli, in the medical review of Florence, *Lo Sperimentale*, gives a description of a case of hermaphroditism, which he has examined recently, and which resembles those reported by Virchow, Rokitsansky, and Seulz.

The Florentine monster is fourteen years of age; her (his) mammae are well developed and hang down; the right eye is larger than the

left; the penis, with its hypospadean meatus, can receive a sound, which, about two centimetres from the meatus, meets with another aperture, through which the urine and spermatic fluid escape. She (he) is provided with one single testicle, which is well developed.

Until within the last few years this individual had been considered a female, and named Catalina, the glans penis having been taken for the clitoris. Introducing the finger between the two labia, below the glans, an eminence is found which possesses all the characteristics of the uterine neck. The female organs of generation are complete; she has menstruated regularly



since her twelfth year, and has performed the copulative functions of the female, without any obstacles or difficulties. The prostate cannot be reached, on account of the presence of the uterus. The seminal vesicles undoubtedly exist; the sperm, examined by Virchow, presenting spermatozoids, so that Catalina may, in her turn, be the active agent of coitus.—*La Andaluza Medica*, Nov. 20, 1876.

#### Remedies for Chronic Diarrhœa.

Dr. J. K. Spender writes to the *British Medical Journal* :—

Medical men are often troubled with cases in which a painless diarrhœa is the leading symptom. It may come and go with the changes of temperature (being specially influenced by dampness of air and decaying vegetation), or it may be the sequel of an acute form of the malady which was never properly cured during the summer. Assuming that most of the common remedies within reach have been tried, and have only partially succeeded, I venture to recommend, firstly, a systematic use of the more powerful vegetable astringents, somewhat as follows :—(a) A teaspoonful of tincture of galls in an ounce of distilled water, three times a day, is extremely effective, and should be continued at least once daily, for some weeks. (b) The liquid extract of bael has many merits, and may be given in the same way. (c) Salicin should be administered in a dose of five or six grains, perhaps combined with a grain of ipecacuanha. Let them be mixed into a couple of pills, and taken three or four times a day. This plan seldom fails to appease an obstinate diarrhœa. But, secondly, opium is now and then absolutely necessary, and I contend that it should always be prescribed in comparatively small and frequent doses, so as to obtain the least physiological with the most medicinal effect. Let the wine of opium be given to an adult in the quantity of three or four minims (with an ounce of chloroform water), five or six times in the twenty-four hours, and the remedy ought invariably to be left off by degrees.

#### On Heredity in Nervous Diseases.

Dr. Hughlings-Jackson, says the *London Medical Times and Gazette*, frequently insists on the fact that nearly all nervous diseases, of which the pathology is known, are not nervous in the sense that the pathological changes begin in nervous tissue. For example, it is plain that that most common affection of the nervous system, hemiplegia, is, pathologically, nearly always of non-nervous origin; it is due nearly always to rupture or blocking-up of some arterial branch of a nervous centre. Of the neuroses—chorea and epilepsy we shall suppose—the pathology is considered to be unknown, and, if so, we are obviously unable to say whether they are due to pathological changes beginning in nervous tissue, or not. Dr. Hughlings-Jackson's hypothesis is, that in chorea

and in those cases of epilepsy where no morbid alterations have as yet been discovered post-mortem, the changes begin in the arterial system. It may be said "that this is only a hypothesis." So at present is every view as to the pathology of the neuroses.

We can have no clear ideas as to the inheritance of "diseases" of the nervous system until we have clear ideas of their pathology. Suppose a current hypothesis (and it is a hypothesis just as much as the one which supposes the two neuroses mentioned to be owing to pathological changes beginning in arteries)—that the two neuroses we have mentioned are owing to changes beginning in nervous tissue—were verified, the fact that the patient's father or mother had hemiplegia (an arterial disease) is no evidence that their son inherits a tendency to his nervous affection.

In working at the hypothesis of the "arterial pathology" of the two neuroses, and we may add migraine, we should note the presence or absence of all diseases which go along with disease of the arterial system (arteries, heart, etc.). It is not meant to fix a limit to our inquiries; but, in the midst of scientific investigations, we must consider things separately for awhile, not to the prejudice of a completer inquiry afterward. We inquire for gout, rheumatism, and renal disease. One association Dr. Hughlings-Jackson has often noted, either in one patient or in one family—viz., chorea, migraine, and rheumatism. His hypothesis is that migraine, like chorea, and certain cases of epilepsy, is owing to local changes of instability induced by embolism or thrombosis. It must never be forgotten that plugging of cerebral arteries can produce increased afflux of blood, and often, indeed, extravasation in the capillary regions to which the plugged vessels belong. This is an important matter for consideration in cases where, as the excessive expenditure shows, there is greater "storing up" of force.

#### Gonorrhœal Endocarditis.

Dr. Marty, of the Val-de-Grâce, has a paper on this subject, in the *Archives Générales de Médecine*, for December. It is based on a case under the care of Professor Poncet, but there is a pretty full *résumé* of a number of cases previously recorded.

D., aged twenty-two, was admitted to the Val de Grâce under M. Poncet, August 17th, 1876. There were no rheumatic or cardiac antecedents in his family, and he had never suffered from any articular symptom. When five years old he stated that he had been subject to palpitations, but for several years he had been in the habit of lifting heavy weights without any trouble. His gonorrhœa began on August 15th, after eight days' incubation. The attack was of moderate severity; rather sharp pain, and abundant discharge; a little local inflammation; no general phenomena. In a few days he had some gastric catarrh, but not the least joint pain. From August 17th to Septem

ber 22d the gonorrhœa followed its usual course. On September 22d he had repeated rigors and intense headache. His gonorrhœa diminished without being completely suppressed. On the 26th the first sound at the base was altered, and on the 28th there was a systolic murmur, heard best at the junction of the third left costal cartilage with the sternum, and conducted along the aorta. His temperature was 101.4° in the morning, and 103.2° in the evening. It had been so within a few points for four days, but the patient did not show much distress. His tongue was moist, his pulse full and strong. He was treated with a blister over the cardiac region, and digitalis. On August 4th there was some vomiting and a little intermittence of pulse. On the 5th there was some pre-sternal pain; the pulse was full, but intermittent. The murmur was traced along the vessels of the neck. The discharge was almost *nil*. On the 6th the evening temperature again rose to 102.9°, and there was palpitation for the first time. There was abundant sweating; constipation; tongue moist. On the 8th there were some râles heard in the lungs, believed to be due to œdema. After the 13th the patient gradually improved. On the 23d there was nothing to note except that he was feeble, that he still sweated, that the murmur was scarcely altered, and that the urethral discharge had quite disappeared. On the 26th his general improvement was still maintained, but the gonorrhœa reappeared. Dr. Marty believed that the murmur was due to the occurrence of proliferating endocarditis at the level of or on one of the aortic valves.

We have only space to summarize Dr. Marty's general conclusions, which are as follows:—

Gonorrhœa may be complicated with inflammation of all the serous membranes, and may act in direct way on each of them. Rheumatism is by no means a necessary middle term between the specific lesion and the lesion of the serous membrane, although the cases of co-existence of the two complications are most frequent. The cardiac complications are rare. Of the several orifices the aortic one is most commonly attacked. Endocarditis appears to have occurred as frequently as pericarditis, if not more so.

#### Antagonism between Morphia and Atropia.

The following are the conclusions arrived at by Dr. Corona, as quoted from his experiments, in the *Edinburgh Medical Journal*:—

1. Atropia quickens respiration; morphia retards and modifies it.
2. Atropia produces convulsions, but never sleep, in dogs and rabbits; morphia produces sleep and deep coma.
3. Atropia slows the heart's action; morphia quickens the movements of the heart.
4. While the heart's action is being diminished by atropia, the temperature remains stationary or is slightly increased; during the acceleration

of the heart's action by morphia the temperature falls.

5. Dilatation of the pupil is the most marked symptom produced by atropia; with morphia the pupil may be dilated, stationary, or contracted. When atropia is injected in large dose into the circulation, dilatation does not occur, because both the circular and radiating fibres of the iris are paralyzed.

6. Atropia always produces vaso-motor paralysis; morphia never does so.

7. Atropia depresses reflex action, and always produces paralysis of the posterior part of the body in animals; morphia either leaves reflex action intact or sometimes exalts it.

8. On *post-mortem* examination, the lungs, liver, and system were normal after poisoning with atropia and morphia. The heart and large vessels were always full of blood, but it was coagulated in poisoning by morphia, fluid and blackish in poisoning by atropia. The meninges were in both cases always congested, while the brain substance was constantly anæmic. The medulla oblongata and tubercula quadrigemina were never hyperæmic, while their meningeal covering was always so.

9. As regards the toxic dose, there was very great variation both in regard to the age and race of the animal. The toxic dose of morphia was much less in dogs than in rabbits. Atropia was tolerated in large doses; it never proved fatal in rabbits in less than 50 centigrammes, except in young and very small animals.

#### A Case of Pneumonia.

We select the following case from a hospital report in the *Lancet*, to show the treatment of pneumonia as conducted by Dr. George Johnson, of London:—

Henry M—, aged thirty-five, a strongly built and previously healthy man, was admitted, November 22d, 1876, with pneumonia. He gave the following account of his illness. On November 18th he got his feet very wet, and during the afternoon of the next day he was suddenly seized with a sharp stabbing pain in the left side, and became very faint and dizzy, so that he was obliged to go to bed. Soon after he noticed that his breath was getting very short, and he began to cough. On the 20th the shortness of breath and cough had greatly increased, and were now accompanied with a brown-colored frothy expectoration; the patient also complained of feeling very hot and feverish. This state continued, preventing sleep almost entirely, until his admission, when he was found to be very prostrate, and suffering from dyspnoea, the breathing being sixty-four per minute; his face was dusky, and the lips were livid; cough was very troublesome, and accompanied by a rusty-colored liquid expectoration. There was diminished expansion of the left side, with dullness on percussion, all over back and front, a tubular note being obtained in the supra-mammary region. Loud bronchial breathing and bronchophony

were heard at the back, but no moist sounds could be detected. In front the breath-sounds were very indistinct. Vocal fremitus was markedly diminished. On the right side the breathing was puerile. The heart-sounds were feeble; pulse 106, and rather tense; temperature, 103.4°; skin hot and dry; urine high-colored and scanty; chlorides not diminished. He was ordered a mixture of acetate of ammonia, six ounces of brandy in twenty-four hours, and a diet of milk and beef tea. Linseed-meal poultices were applied to the left side.

November 23d.—Condition unimproved. Did not sleep at all during the night. Respiration 64. Twelve ounces of blood taken from his right arm, with the effect of reducing the respiration to forty-four per minute, and of relieving the sense of dyspnoea to a considerable degree.

24th.—He appeared much more comfortable than yesterday morning. Respiration, 54; pulse 108; temperature, 102.4°.

From this time he gradually improved.

#### Salicylic Acid vs. the Bath, in Rheumatism.

Mr. William Carter, of Liverpool, describes two cases of rheumatism treated with salicylic acid, in the *Lancet*, and comments as follows on the second one, the first proving fatal:—

The bath saved this man's life, as it would in all probability have saved that of the previous patient if it had been used earlier. Salicylic

acid, though it undoubtedly appears to cut short many an ordinary rheumatic attack, did not prevent the accession of a dangerous temperature; and when such a temperature has been reached there is no agent capable of reducing it with sufficient rapidity to ward off death but cold externally applied, and the most convenient method of application is the cool bath. I have had a considerable number of cases of acute rheumatism under my care, which salicylic acid or salicin has appeared rapidly to cure, but I had also had a number of consecutive cases rapidly relieved by tincture of veratrum viride, and I had begun to hope that in that drug the long-looked-for remedy for the disease had been discovered, until a few years ago, for the first time in my life, first one and then another of those terrible cases came under my notice, in which the temperature rapidly runs up to an alarming height, and delirium, coma and death quickly follow. In such cases, that is, where a temperature of 107°, or thereabouts, has been reached, and the patient has, at the same time, become delirious, the cold bath, and it alone, affords ground for hope. All other remedies are too slow in their action. Neither quinine, with stimulants, alkalis, salicylic acid, blisters (all of them of the utmost use at times), or, indeed, any other treatment with which I am acquainted, will insure the patients against the accession of the dangerous symptoms, or will subdue them when they have set in.

#### The Identity of Typhoid, Nervous, and Continued Fevers.

In the *Medical Press and Circular*, Dr. T. P. Tuckey maintains the identity of these three complaints. He presents the following table from Dr. Copland's work, to show this:—

	SIMPLE CONTINUED.	NERVOUS.	TYPHO-ENTERIC.
<i>Pulse.</i>	100-120, small, weak, irregular; intermittent when a dangerous attack.	Soft, feeble, and quick; about eleventh day very quick and unequal.	90-120 in later stages, soft, compressible, feeble, small, irregular, or intermittent.
<i>Temperature.</i>	Heat of su face generally rises over 100°.	Heat of skin natural or diminished.	Skin warm and dry in evening and night, cooler in the morning.
<i>Tongue.</i>	White, foul, loaded or furred; again red at its sides, and point loaded with dirty yellow fur.	Loaded or covered with a dirty mucus, afterward brown or black, incrustated, or fissured.	Furred, with red edges; afterward dry and brown, or red and glazed, and marked by fissures.
<i>Gastric Symptoms.</i>	Tenderness at epigastrium; looseness or diarrhoea of an ochery hue; vomiting early.	Fetor of the breath and of the discharges, an irregular relaxed state of the bowels, pain at the epigastrium, nausea and vomiting.	Stools color of yellow ochre, offensive. The abdomen is distended, occasionally bilious vomiting, abdominal pains, breath very offensive, flatulence, diarrhoea.
<i>Symptoms.</i>	Pain in head, throbbing of arteries, brilliant expression of eyes, marked acuteness of senses, watfulness and restlessness, moaning and incoherent muttering, dilated pupils, and coma.	Countenance pallid or transiently flushed, head heavy, continual restlessness, want of sleep, tremor, hearing dull, coma, unconscious evacuations, low delirium, early stupor, and delirium.	Headache, wakefulness or disturbed sleep, slight delirium about twelve days, pink flush on cheeks, tremor of limbs, subsultus carpalus, somnolence, coma.
<i>Lung Symptoms.</i>	A common and early complication, either to bronchial surface or congestion of substance.	The bronchial surface is the part chiefly affected; substance of the lungs sometimes complicated.	Bronchitis, pneumonia, etc., may severally occur in a varying proportion.
<i>Affection of Throat.</i>	Sore throat or inflammation of fauces sometimes accompany.	Sore-throat, occasionally so severe as to resemble an attack of anginose maligna.	Laryngitis and pharyngitis may occur.
<i>Crisis.</i>	By subsidence of the prominent morbid actions indicative of a gradual decline.	Often announced by a true crisis.	Return to health gradual.

## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—The *American Medical Weekly*, published at Louisville, Ky., by Dr. E. G. Gaillard, is now published every two weeks, under the title of *The American Medical Bi-weekly*. It has been enlarged, and is a very excellent journal, the long experience of the editor enabling him to cater judiciously to the wants of his readers.

—Dr. Thomas F. Rumbold, of St. Louis, sends a reprint of his monograph on the function of the uvula. It is a thoughtful study.

—Volume II, No. XII, of the *American Clinical Lectures*, is by Dr. F. T. Miles, on Peripheral Paralysis.

—The *Popular Science Monthly*, for February, contains, as usual, some excellent medical reading. Dr. Beard, on the "Physiology of Mind Reading," presents, in popular form, his instructive researches on this topic.

—Dr. Orpheus Everts, Superintendent of the Indiana Hospital for the Insane, in an address on "Incidents of Civilization as Predisposing and Exciting Causes of Insanity," mentions as prominent among these excessive venery, prostitution, self pollution and intemperance. That these are traits of the civilized state admits of question; and it is not possible to obtain accurate information of the amount of insanity in the savage state. There is reason to believe it very frequent in some races.

—A new method of treating fracture of the patella is described by Dr. Henry O. Marcy, of Cambridge, Mass., in a reprint from the *Boston Medical and Surgical Journal*. The method is by adhesive strips and a plaster bandage. The patient is quickly rendered comfortable, but the reported results are not remarkably good.

## BOOK NOTICES.

*Cyclopaedia of the Practice of Medicine*. By H. Von Ziemssen. Vol. VII. Diseases of the Chylo-poietic System.

The contents of this volume are various—we might, indeed, say heterogeneous. First, we have diseases of the naso-pharyngeal cavity and pharynx, by Wendt; next, diseases of the stomach and intestines, by Leube, including gas-

tritis, ulcer, gastralgia, cancer, colic, and other less common complaints; thirdly, Leichtenstein on "Constrictions, Occlusions and Displacements of the Intestines;" fourthly, Heller on "Internal Parasites;" fifthly, Von Ziemssen himself on "Diseases of the Larynx;" and lastly, Steffen on "Spasm of the Glottis."

The wide erudition which is brought to bear on the subjects discussed renders this and the other volumes of the series most useful, as works of reference, to the thorough student. On diagnosis and pathology, the writers are full and precise. There is often a vagueness, or a one-sidedness in treatment, which disappoints under this rubric. The amount of information furnished is something astonishing to those who do not know that the boast of the German is his *gründlichkeit*. We see it well displayed in these volumes; and they may be taken as models to many superficial writers, who hasten to print before they have read.

*Transactions of the Thirty-first Annual Meeting of the Ohio State Medical Society, June, 1876.* 8vo., cloth. pp. 222.

The usual range of well-selected papers from the Ohio profession will be found in this volume. Of the more important articles, we may single out one on Esmarch's bandage, by Dr. J. H. Pooley; on forceps in breech deliveries, by Dr. A. J. Miles; on the external use of glycerine in chronic hydrocephalus, by Dr. A. N. Read; a report on excision of the cervix in uterine cancer, by Dr. T. A. Reamy; a careful collation on foreign bodies in the rectum, by Dr. C. S. Muscroft; and a paper on the Arkansas Hot Springs, by Dr. E. B. Stevens. The address of the president, Dr. E. Williams, was upon penetrating wounds of the eye. The usual minutes precede the papers.

*Chemical and Microscopical Analysis of the Urine in Health and Disease*. Designed for Physicians and Students. By Geo. B. Fowler, M. D., etc. Second edition, revised and enlarged, with eighteen illustrations. New York, G. P. Putnam's Sons, 1876. 8vo., pp. 97. Price \$1.

A very convenient and excellent little book, presenting the subject in a straightforward, lucid manner, and quite deserving of the second edition which it has reached. It has been carefully revised, the decimal system of weights and measures adopted, and also the new chemical nomenclature.



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#### CITY AND COUNTRY PRACTICE.

The remarks communicated by Dr. S. M. HAMILTON to this journal, in the number for January 13th, deserve more than a passing comment. He calls attention to the wide difference between the art of treating disease in country and city practice, in hospitals and in private houses.

The comments we made on one occasion in the last volume, on "therapeutics as a local art," receive, through Dr. HAMILTON's suggestion, a very proper amplification. Not only meridians and degrees of latitude, geographical position, altitude and hygrometry come in to complicate the problem the physician has set before him; but with all these factors recognized, he must still modify his treatment by the social condition of his patient, and the fact whether his residence is rural or urban.

It is a noticeable coincidence that in the same number with Dr. HAMILTON's letter is a clinical report from the oldest, and probably the most

frequented, dispensary in this city. This report contains a sketch of the social condition of dispensary patients, which, perhaps, some readers may have passed over hastily, with an idea that it was out of place. But how far from the truth would this be! When patients "beg the doctor to give nothing to increase their appetite, as their means of support are not sufficient to appease any increase of hunger," does not this reflect vividly on the nature of their complaints, and the modifications of treatment necessary? It is vain to say these conditions must be changed. They cannot be, and it remains for the physician to do the very best he can under the circumstances.

There is a marked difference between dispensary and hospital, hospital and private practice. The range of remedies, owing to their relative cost and methods of administration, varies very considerably.

But still bolder is the line of demarcation between average city and country practice. The diseases recur with changed frequency, and their phases are altered. When, a few years since, relapsing fever was an epidemic in this city, it was hardly seen by the neighboring rural practitioners; cholera infantum in a healthy, open neighborhood, means a very different disease from that we meet with in city slums.

There is an immediate practical consideration in this connection which we have heretofore impressed on our readers, and which we take this opportunity to re-introduce. This is, *the importance of country physicians contributing to medical literature.* Hospital physicians, teachers and city practitioners are those who are the most frequent writers. But obviously there are very many points in practice, many *nuances* in the progress of maladies, familiar to the rural physician, yet hardly or at all noted by his city brother. Hence, we have always argued that the former should be more free with his pen than he is; and we have always taken a pride in giving prominence to this class

of communications—the more so, as the MEDICAL AND SURGICAL REPORTER aims to be a practical aid and mentor in the every-day work of the professional man, rather than a medium wherein to discuss the merits of theories or the abstruse branches of specialism.

#### BOOK REVIEWS, WITH A SPECIMEN.

Our fortnightly contemporary, the Philadelphia *Medical Times*, edited by Dr. H. C. Wood, has occasionally some excellent writing in its editorial columns—some admirable sentiments. There was an article which appeared a while back (May 17th, 1873), worthy of much eulogy. It was upon "Book Reviews," and it must have won golden opinions from all readers.

For example, the editor said:—"Reviews, like books, differ much in their truth. Some reviewers are so far forgetful of the responsibility of their task as to allow personal feelings, friendship, animosity or jealousy to give tone to their criticisms. This should not be;"—and other similar, excellent doctrine.

Since this public assertion of virtue, readers have naturally felt their confidence grow in the book reviews of the *Times*. For it is scarcely a supposable case that the editor, like Joseph Surface in the "School for Scandal," walks around with his mouth full of fine sentiments, but ready to give them the go-by in his actions.

These careful readers, with unpleasantly strong memories, were, therefore, somewhat amazed to read the review of Napheys' "Modern Therapeutics," fourth edition, in the *Times* of January 20th. That review calls the work "The apotheosis of empiricism; the glorification and incarnation of routinism;" it adds, "The tendencies of this class of works become most dangerous"; "we trust, for the credit of the American profession, it is the laity who have so freely purchased it"; and more to the same effect.

Now to ascertain the amount of "truth, animosity, or jealousy," there is in this notice, and also, in passing, to obtain a general measure of

the value of book reviews in the *Medical Times*, let us turn to the review of the third edition of Napheys' *Therapeutics* in that same paper, April 1, 1872. The reviewer there writes as follows:—

"All that is in the book is useful. \* \* The want of a knowledge of practical therapeutics is general, even among the most laborious and best educated members of our profession. To the hard worked country practitioner time is precious, journals are few, and money for books is not too plenty. Dr. Napheys presents to him a tempting volume, which claims to contain just the knowledge of which he has felt the need. That the want has been felt, and that this book has supplied the need, is evidenced by the simple fact that two editions have been exhausted in little over a year. The book is undoubtedly good and useful."

The only faults found are that it should be larger in size, and the proof, in parts, more carefully read.

How is the honest, candid reader to interpret such utterly discrepant notices of two consecutive editions of the same book in the same journal? Is the fact that it has been "so freely purchased" what galls a competitive author on therapeutics, whose book does not happen to have had equal popularity? Has the preference which American physicians display for a system of treatment drawn from actual clinical experience, over one based on laboratory experiments, so angered an advocate of the latter as to lead to this disregard of consistency and contempt for the good sense of his readers? Is an even lower motive, mere journalistic competition, the prompter?

These questions we leave for the conscience of that writer, and the discernment of his readers, to answer. Suffice it for us to have shown that this ignoble attack on the production of our deceased friend finds its most complete refutation in the pages of the very journal which stooped to make it.

The attack itself matters little. The book that cannot outlive unfair criticisms meets a merited oblivion. Vitality is the measure of value. But as a striking example of that kind of reviewing which discredits journalism, the spectacle is regrettable.

## NOTES AND COMMENTS.

## Concerning Unpaid Subscriptions.

This week we send out bills to all subscribers who have not paid their annual subscriptions. Prompt attention to these reminders will be a favor to us, and obviate any repetition of the act of presenting a bill a second time, which we assure our readers is as disagreeable to us as to them.

Should any who receive the bills prefer to fix a later date on which to pay the amount, they should let us know by postal card, and we shall very willingly come into the arrangement.

We well know that even the small sum the bills call for is not at all times easy to be spared. The only request we urge is, that those who owe will let us hear from them to some effect.

As a rule, the bills are made up to the *close of the volume* in which the subscriber's year expires.

## Compression in Incipient Gout.

A surgeon, Mr. H. B. Wynter, states, in a recent number of the *Lancet*, that in a number of cases he has, to ward off an attack of gout, tried the use of an elastic stocking when the first uneasiness and swelling of the superficial veins has been perceived, and invariably with the result of preventing the development of the full attack in the foot. There is no theoretical reason why it should not succeed as well as the abortive treatment in local inflammation (as in boils) by astringents, caustic, collodion, etc. Of course it does not do away with the necessity for constitutional treatment and diet; but if it stops the full development of the attack in a busy man, and thus prevents him being laid up, it is a great boon.

## Calabar Bean as a Lactagogue.

Dr. W. Munro brought before the profession, a year or two ago, various uses to which Calabar bean might be put, from its power of dilating the peripheral blood vessels. Wishing lately to restore the secretion of milk after it had disappeared from the breast about three days, he thought this dilating power might be useful. He accordingly prepared an ointment, of the strength of twenty grains to the ounce, and ordered it be applied and washed off carefully before the baby was allowed to suck.

After two applications, the child not having been put to the breast in the meanwhile, the milk returned in full flow. The case is mentioned in the *British Medical Journal*, Oct. 28.

## Obstetrical Aspects of Idiocy.

At a recent meeting of the Obstetrical Society of London, Dr. J. L. Down read a paper on the above subject. His observations extended over eighteen years, and included over 2000 cases. Primogeniture seemed to play an important part, no less than twenty-four per cent. of all the idiot children observed being primiparous. No doubt this may largely be attributed to the exalted emotional life of the mother, not forgetting the anxiety, inseparable from marriage, of the male parent, but increased difficulties in parturition seemed to be an important factor. Suspended animation occurred in no less than twenty per cent., and apparently exerted much influence in the production of idiocy. As to the effect of instruments, in only three per cent. of the cases had forceps been employed. Prolonged labor was more compromising to the life-prospects of the child, than a judicious and timely application of the forceps. Only two per cent. of the last thousand cases were twins. A very potential cause in the production of idiocy, was the physical health of the mother during gestation, especially prolonged sickness, fright, intense anxiety, and great emotional excitement. A marked preponderance in the number of male over female idiots existed—more than twice as many—due, probably, to the larger size of the cranium, giving rise to prolonged and difficult parturition, continued pressure, and suspended animation, as well as the greater tendency to infantile convulsions among male children.

## The Hygienic Management of Phthisis.

On this subject, Dr. A. Flint sums up his experience as follows:—

In the large proportion of cases of chronic phthisis, benefit to a greater or less extent follows a temporary change of climate; change from sedentary to out-of-door habits is beneficial, perhaps more so than any other single remedial measure; change of occupation, because it gives rise to change of habits, is favorable; permanent change of residence is beneficial in certain cases; sea voyages exert a favorable influence in a large proportion of cases, sometimes very markedly so.

## CORRESPONDENCE.

## Blistering in Typhlo-Enteritis.

ED. MED. AND SURG. REPORTER:—

I was called, Nov. 3d, to see a young man, 24 years old, tinner by trade, of bilious temperament, who had been sick for twenty-four hours. He complained of severe colicky pains, growing constantly worse, and of occasional vomiting.

On examination, I found the pulse 80 and feeble; temperature 102°; skin dry; tongue thickly coated; breath foul, and the bowels obstinately constipated. His features wore a pinched, haggard expression, indicative of the severity of his distress. It simulated very much a case of painter's colic, but no lead lines were perceived on the gums. As the clinical features did not fully justify this view of the case, I exhibited a searching purgative of calomel and podophyllin, with the extract of hyoscyamus, followed immediately by a warm anodyne clyster. Hot fomentations were continued externally. In due time the bowels were freely opened, with but slight amelioration of the symptoms. Persistent thirst and occasional nausea and vomiting supervened. Ice was given by the mouth. Very warm clysters, containing half a grain of morphia, five grains of cincho-quinine, a few drops of the oil of turpentine, and a little table salt, gave temporary relief.

For several days the patient did not seem to get on well. Temperature rose to 103°; pulse 100, small and wiry; tongue covered with a dry, brown fur; the sides were red and glossy; induration and tenderness over the ilio-cæcal region; tympanitis of the transverse and descending colon, continued thirst and occasional nausea, convinced me I had a case of enteritis.

On closer inquiry I learned that the young man had had a somewhat similar affection some years before, but not so severe an attack as this one. I now applied leeches, but I do not think the patient derived much benefit from their use. Consultation was had. Blisters were advised and immediately applied over the indurated parts. The bowels were locked up for three or four days at a time, by large doses of opium, each dose containing one grain of calomel and one grain of cincho-quinine. The bowels were occasionally unloaded by an injection of warm soap-suds, with a little watery extract of opium, turpentine, quinine and table salt. Pain was controlled by morphia. The blister was renewed as fast as it healed up. The warm fomentations were kept on continually. The food consisted of slops; milk, and lime water and broths.

Meteorism gave the patient much trouble. By and by the induration began to soften by absorption. The pulse and temperature became normal. I now ordered nitro-muriatic acid, ten drops in a wineglass of water, three times a day. The tongue soon cleaned off; the appetite improved rapidly, and all the symptoms seemed

to promise a speedy recovery. As the patient left his room and began to move around, at the end of the fourth week, he soon became covered with boils. One, very large one, near the umbilicus, discharged an immense quantity of matter; after which all healed up and the young man is as well as ever.

I call attention to the use of blisters in enteritis, and especially in typhlitis, because the books say very little about vesication in this affection. A. D. BINKERD, M. D.

Karns City, Pa.

## Poisoning by Aconite—Recovery.

ED. MED. AND SURG. REPORTER:—

January 18th, 1877, 9 P. M. I was hurriedly called to visit Mrs. D., of this village; aged 43; large, phlegmatic woman, weighing about one hundred and eighty pounds, who had, by mistake, taken a teaspoonful of tinctura radicia aconiti, in a half-tumblerful of water, at 9.30 evening. I saw her some fifteen or twenty minutes after (she living only three blocks from my office, a messenger being sent as soon as she had taken the poison); as I entered her room, she was retching; had vomited some; complained of constriction of œsophagus, burning sensation in the region of the stomach, spasmodic action of the muscles of the chest, abdomen and extremities; pupils of the eyes dilated. Pulse 80, small and weak.

*Treatment.*—I immediately gave fifteen grains ipecacuanha, followed by large draughts of warm water, frequently repeated, encouraging its action by irritating the fauces with the finger, causing in one minute free emesis, which was continued at short intervals, until after 11 P. M., having occasionally added milk and charcoal to the warm water; at half-past eleven vomiting ceased, and she took one grain tannin, to be repeated at 1 A. M., and had applied cloths wet in an infusion of capsicum, over the stomach and abdomen. In half an hour she became quite comfortable, pain and spasms subsiding, leaving a feeling of debility and faintness, not, however, much more than might be expected from the vomiting pain. At 12 M. she took a teaspoonful of whisky in a little sweetened milk; this was repeated three or four times during the night, alternating with ten drops aromatic spirits of ammonia in a wineglass of sweetened water.

19th, 9 A. M. Is nearly free from pain, and comfortable. Slept very little; a sense of exhaustion; to have wheat flour and milk porridge. Stimulants to be continued as ordered at twelve last night.

20th. Less prostration; has been up and dressed; is now reclining on the couch; treatment continued as yesterday; diet, in addition, tea and soft toast, meat teas.

21st, 2 P. M. Says she is almost well again; has been up about all day, and taken a hearty dinner; says she has not slept since taking the aconite; thinks if she could sleep she should feel well; ordered two half-grain pills of bella-



donna; one to be taken at 8 p. m., and, if not asleep at ten, to take the other.

22d. Has had a good night's rest; took but one pill; appears quite well again. The immediate action of the aconite is to be remembered in this case, causing retching and its effects in less than ten minutes.

Fulton, N. Y. CHARLES G. BACON, M. D.

#### Chlorate of Potash with Mercury.

ED. MED. AND SURG. REPORTER:—

In the December 30th number of the REPORTER, p. 554, Dr. J. S. Morrow expresses a wish to hear from some of your readers who have used the chlorate of potassa in connection with the mercurials. For the past ten or fifteen years I have almost constantly used the hyd. chlor. mit. and the mass pil. hyd. in combination, one or both, with the chlorate of potassa, either when I wished to administer the mercury for a length of time, or whenever my patient had formerly been "salivated" and I did not wish to reproduce the condition, one almost sure to follow the use of mercury under such circumstances. I concur, therefore, entirely, in the opinion of one of your former correspondents expressed in the remark, "I cannot see but that I obtain the therapeutical effect of the mercurial as readily now as before I gave the chlorate."

It is very common in the South, when giving mercury, to combine it with pulv. doveri. Instead of doing this, I improvise a powder, each ten grains of which contains, of opium and ipecac, each one grain; camphor, two grains, and chlorate of potassa, six grains. This I combine with my mercurial, pro re nata, and if my patient is one easily ptyalized, I add more of the chlorate, or give from three to five grains, dissolved in water, between the mercurial doses, and thus almost invariably avoid the ptyalism, while, so far as I can see, I lose none of the beneficial effects of the mercurial. Discarding, then, the idea of the incompatibility of the two drugs, let those who will try this plan, and I am sure they can but be pleased with the result. Yours, respectfully,

THOMAS M. MATTHEWS, M. D.

Mount Enterprise, Rusk County, Texas.

#### A Case of Protracted Gestation.

ED. MED. AND SURG. REPORTER:—

Mrs. M., an English lady, aged twenty-six, and a primipara, began to have labor pains July 29th, 1876, and during the following night had some pretty severe pains. The next morning Dr. Brown, of Foxburg, was called. He found the os slightly dilated, pains quite severe but not very frequent. He saw the patient several times during the day, but the labor made very little progress. Some time in the next night the doctor was called again, on account of the pains having become more frequent and severe. He found the os fully dilated, and the indications were that the labor would soon be over.

The next morning he telegraphed for me to come and bring obstetric instruments with me. When I arrived the woman had been in labor forty-eight hours; the pains were still quite strong, but evidently growing weaker; the funis was prolapsed and *pulseless*; the head presented but had not engaged in the superior strait. I made an attempt to apply the forceps, but when the first blade was introduced, it excited violent uterine contractions, and the head being so high up, the doctor was unable to keep this blade in place until I could introduce the other one. Upon introducing my hand, to perform version, I found the head to be so large that it would be impossible for it to pass through the pelvis, so we concluded that it would be best to perform craniotomy at once. I perforated with Smellie's scissors, and after having removed a portion of the cranium and the whole of the encephalon, succeeded in getting a firm hold with the blunt hook, and delivering the woman of an enormous child. Although every precaution had been taken, the perineum was ruptured to the second degree. In a few minutes the placenta came away, after which I introduced three sutures into the lacerated perineum.

The patient was then placed upon her side, with her knees tied together, and an opiate administered. She made a rapid and complete recovery, without an unfavorable symptom. The greater part of the wound in the perineum closed by first intention.

Upon inquiry, I found that the lady expected to have been confined in the first week of June, some seven or eight weeks before she really was confined. The child had every appearance of a babe two months old, and had evidently been retained in the uterus several weeks over the usual time. It was buried before I had an opportunity to ascertain its weight.

Emlenton, Pa.

J. E. MOORE, M. D.

#### Carbolized Balsam of Peru as a Dressing to Wounds.

ED. MED. AND SURG. REPORTER:—

At the present time, when the whole medical world seems convulsed by the momentous question, "By which method shall we treat wounds," simply by leaving them entirely open and allowing free drainage and exposure to the external air, or by closing them entirely and wrapping them at the same time in many layers of antiseptic material? I think every one should contribute his quota, however small, to arrive at a definite conclusion on this *questio vexata*, and by so doing, if possible, to settle it at once. While walking the wards of a large hospital, I was in the habit of treating almost all wounds, abscesses and ulcers, by first washing with carbolized water (in proportion of one to thirty) and afterward pouring on balsam Peru, then using, as a protective dressing to the parts, common picked oakum. This treatment worked, in many cases, finely, and the theory was as follows: carbolized water disinfected the

parts, and balsam of Peru acts as a gentle stimulant to wounds and cheeks oozing. In case the granulations looked sluggish, I was in the habit of adding camphor, mercury, or iodoform to the plain balsam. It once occurred to me, since I saw that, in many cases, pus from old sinuses, even after they had been thoroughly washed with solution of carbolic acid and deluged with balsam of Peru, constantly smelled most foully, that if the balsam of Peru was mixed with a strong solution of carbolic acid, the secreting surface of wounds would be covered with an admirably stimulating and disinfecting dressing, and that the character and amount of the pus secreted would be changed for the better. This is the formula:—

R. Acid carbolici,	1 part
Aque,	8 parts

This is to be added to balsam of Peru, in the proportion of one in four. The mixture must be well beaten up, and should have a faint yellowish color.

This preparation I have used with admirable success, always following the open method in treating wounds, and have come to the following conclusions: 1. That you may dress foul sinuses, due to necrosed bone, etc., ulcers, and badly lacerated tissues, with carbolized balsam, feeling perfectly confident that the discharge will, in a short time, cease to have an offensive odor, even after leaving the wound undressed for twenty-four hours. 2. That the secretion of pus is in a marked degree diminished, and is more laudable in character, and 3. That you have a fine, stimulating, and perfectly disinfecting substance, protecting the injured parts. MARTIN BURKE, M. D.

New York City.

### "Empyema."

ED. MED. AND SURG. REPORTER:—

In your journal for January 13th, Dr. H. W. Sigworth, referring to my article under the above heading, "rises to a point of order." Allow me to say that I think the exceptions are not well taken.

First. As to the entrance of air into the cavity; although a mootable question, there is no doubt about the entrance of air being an obstacle to the full expansion of the lung, and could Dr. S. witness the distressing symptoms that frequently follow such a procedure, he would not be so willing to censure "over-careful medical attendants." And again, the septic air certainly adds fuel to flame, by prolonging the secretion of purulent fluid.

Second. I am sorry that the danger of hemorrhage, in this operation, will now be a bugbear to the doctor, but let me beg of him to disabuse himself of the idea that he wounded an intercostal artery in the instance he cites, for had that been the case, "puff balls, cobwebs," etc., would have been null. A small muscular branch of an artery was probably wounded, and had

the doctor, as a *dernier resort*, searched for a darning needle in the work-basket of the "good wife," and with it transfixed the wound, he would have had but little trouble in controlling the bleeding.

When the instrument (be it a thumb lancet or a trocar), is entered close to the upper border of the rib, the danger of wounding an intercostal artery, I reiterate, is a "bugbear only to the theorist." C. C. SCHUYLER, M. D.

Troy, N. Y.

## NEWS AND MISCELLANY.

### A Medical Suit.

A suit of some general interest was tried in one of the civil courts of this city recently. It was brought, by Dr. E. D. Buckman, against Dr. T. P. Andrews, for damages, for an alleged slanderous publication.

It appeared, on trial, that the plaintiff was, prior to October 4th, 1875, employed as one of the medical examiners for the Mutual Protection Life Insurance Company. On the date above mentioned, Dr. D. T. Andrews, a member of that association, sent a letter to the President and Directors of the Insurance Company, stating that the examining physicians of said society were not recognized by the regular profession, and one of them, to his certain knowledge, was connected with a quack medical institution, called the Penn Medical University.

It was shown, on trial, that graduates, and those connected with that University, were not admissible as members of the Philadelphia County Medical Society, and that members of that society would refuse to meet them in consultation. It was further contended, by counsel for the defence, that under a late decision the members of an insurance company were a limited partnership, and that under this situation a communication from one member to another, touching the affairs of the corporation, if done without malice, was not libelous.

His Honor, Judge Hare, in charging the jury, affirmed this doctrine, but left with them the fact whether the communication was made with malice.

The jury disagreed, and were discharged.

### Baltimore Medical and Surgical Society.

At the annual election of this Society, the following officers were elected:—Dr. W. W. Murray, president; Drs. R. W. Mansfield and S. W. Seldner, vice presidents; Drs. W. Brinton and C. C. McDowell, secretaries; Dr. D. W. Cathell, treasurer; committee of honor, Drs. J. S. Lynch, A. B. Arnold and L. B. Winternitz; committee on lectures and diseases, Drs. T. B. Evans, J. J. Caldwell and W. J. McDowell; executive committee, Drs. J. Morris, J. Rehrberger and A. F. Erich.

**Boards of Health.**

The committee appointed by the American Medical Association for the State of West Virginia, for the purpose, has memorialized the Legislature to create a State Board of Health. The petition states, twelve States have seen the wisdom of such Boards, and are now reaping the golden fruits matured from such efforts. That we may keep pace with our sister States, we must call to our aid sanitary knowledge.

Competent men, members of Legislatures, who have been, as such, desirous of great economy in disbursing the public funds, have, from their own experience, acknowledged that funds so voted by the State authorities for such support have been more than repaid by the reforms brought about in various villages and towns, which reforms have mitigated or prevented diseases previously always existing at certain periods of the year.

**Small-Pox in Wisconsin.**

This winter has been more than usually fruitful in small pox cases, throughout both England and America. The Board of Health of Wisconsin says, in a circular dated toward the close of December:—

The average yearly death-rate from small-pox in Wisconsin is somewhat over one hundred, while the average number of cases annually exceeds four hundred. Already, within the last three months, these numbers have been exceeded, and, unless vigorous measures are adopted, and great vigilance observed, it will exact a much larger tribute of human life.

The experience of Wisconsin in this respect is not exceptional. This loathsome and very fatal disease is visiting other localities to such an extent that those who have watched its progress greatly fear a wide-spread epidemic of it during the coming winter months.

**The Rinderpest in Europe.**

Late advices inform us that stringent regulations have been issued in England concerning the importation of cattle, sheep, and goats from Germany, France, and Belgium, in consequence of a fresh outbreak of rinderpest. Denmark and the Netherlands have also been notified that they will be included in these restrictions unless the importation and transit of German beasts is prohibited. A Berlin telegram says the outbreak of rinderpest in Germany is officially confirmed.

**Curious Custom.**

Previous to the surrender of the town of Haarlem to the Duke of Alva's son, a deputation of aged matrons waited on the Spanish general, to know in what manner the women who were at the time in childbirth should be protected from molestation in case of the intro-

duction of the soldiery. He directed that at the door of each house containing a female so situated, an appropriate token should be hung out, and promised that the house should not be troubled. The custom is still in use. A piece of lace is hung out, several weeks previously to the expected birth, and hangs several weeks afterward, a small alteration being made as soon as the sex of the child is known. During the time of this exhibition the house is exempt from all legal execution, and the husband cannot be taken to serve as a soldier.

**Public Health in Egypt.**

Dr. Grant, of Cairo, writes:—The public health of Egypt was never better than it is now. At Cairo, the weather is milder and warmer than it usually is at this season. The horse-disease (which very much resembled blood-poisoning from serpent bite, although from some other specific poison acting in the same way) has ceased, after cutting off more than three-fourths of the equine animals.

**The Livingstone University.**

This fraudulent concern, supposed to be located at Haddonfield, New Jersey, is well shown up in the *Haddonfield Asteroid*, January 18th. There is no such institution there, and never was; yet somebody sells diplomas and degrees from it, both in Canada and England. It is believed that the great American diploma vender, of Philadelphia, is at the bottom of it.

**Insanity from Drunkenness.**

An English medical officer of Birmingham, Mr. Whitcombe, has sifted the annual reports of fifty-five asylums in England for the past five years, and he finds that out of a total of 33,527 patients admitted, 3172, or about one-eleventh, had their malady ascribed to drink.

**A Noble Charity.**

The widow of the late Duke of Galliera has just intimated her intention of founding and endowing a vast hospital for the reception and treatment of the sick on the heights of Carignano. The noble lady has submitted her design to several of the chief physicians, surgeons, and architects of Northern Italy, and has placed at their disposal the sum of two million dollars, wherewith to carry out the plan.

**The Close of a Singular Case.**

Last week, died, in Jersey City, New Jersey, Corporal Latimer Whittle, formerly 73 Reg. N. Y. State Vols. He was shot through the liver and base of the lung, at Bristow's Station, Va., in 1862. Though picked up for dead, he recovered, and his case is recorded as one of the

rare instances of recovery from gunshot wound of the liver, in "Circular No. 6," and in the Medical and Surgical History of the Rebellion, Surgical Volume II, page 143. He was dropped from the pension list, in 1871, as perfectly well. Nine months ago, however, he was attacked with tuberculous symptoms in the wounded lung, and gradually failed.

#### Items.

—"A Chair of Homoeopathy" was inaugurated in the University of Buda-Pest in October, 1875. Six persons, according to the *Wiener Allgemeine Med. Zeitung*, constituted the audience; but before the course was concluded they had all deserted the benches.

—The death by ether, reported in our number for January 20th, turns out, on further inquiry, to have been one by chloroform; so it must be scored on the other side, in the controversy about these anæsthetics.

—Diphtheria is very prevalent in Foglestown, Lehigh county, causing a great many deaths among the children.

#### Personal.

—Dr. C. C. Vanderbeek has been appointed the Philadelphia correspondent of the *Chicago Journal of Nervous and Mental Disease*, The *New York Medical Journal*, *Virginia Medical Monthly*, and *Cincinnati Lancet and Observer*. He will be glad to receive books, monographs, and pamphlets, to review in his letters to these various journals.

—Dr. MacDonald has been chosen Professor of Medical Jurisprudence in the Medical Department of the University of New York.

—Dr. Seip, of Easton, has been appointed assistant physician in the State Lunatic Asylum at Danville.

—Dr. Joseph J. Chinn, aged 80 years, and Mrs. Catherine Dawson, aged 90 years, were married the other day, at Lexington, Ky.

—The oldest inhabitant of Iceland died on the 18th of December last, the Councillor Bjarne Thorsteinson. He was for many years magistrate of the Western district of the island, for some time president of the Althing, and for the last few years, having lost his sight, lived in the town of Reikjavik. He was born in 1781.

#### QUERIES AND REPLIES.

*Dr. A. D. B., of Phila.*—In cases of violent explosion, the disappearance of persons is no doubt owing to the fragments being so intimately mixed with the soil, etc., as not to be distinguished by the ordinary observer.

*Dr. H. I., of Miss.*, writes, in reply to Dr. Morrow, that he has constantly administered chlorate of potash and a mercurial together, without pytalism or other disagreeable result.

*Catarrh.*—1. The liquid should be used with an inhaler. 2. The most successful internal remedy for common chronic nasal catarrh, in our own hands, has been the oleo-resin of cubebs, ten drops ter die.

#### Rheumatic Arthritis.

For rheumatic arthritis, let Dr. L. L. P. try the following. We have found it the remedy *par excellence* in all forms of rheumatic trouble—

R. Fl. ext. phytolacæ decandrar, fl. oz. 1  
Fl. ex. podophyllin, fl. oz. ss  
Fl. ex. cimicifugæ, fl. oz. 1j. M.

Sig.—Teaspoonful every three hours.

Report your experience through the REPORTER.  
Darlington, Ind. T. J. GRIFFITH, M. D.

#### DEATHS.

CAMPBELL.—At Bart, Lancaster co., Pa., on January 14th, Dr. J. C. Campbell, in the thirty-seventh year of his age.

RAWLINGS.—W. A. Rawlings, M. D. died at his residence, in Huntsville, Texas, on the 12th of January, 1877, aged sixty years. His death resulted from injuries received by the kick of a horse.

SWAYZE.—January 23d, 1877, Cornelia Blanche, infant daughter of Dr. G. B. H. and Mary F. Swayze, of Philadelphia, aged eleven days.

#### OBITUARY.

##### DR. JOSEPH CARSON.

At a meeting of the Philadelphia County Medical Society, held January 17th, 1877, the following resolutions, presented by Dr. G. Hamilton, were adopted:—

"WHEREAS, by the will of an inscrutable providence, the long continued membership, in this society, of Dr. Joseph Carson, is at length brought to a close by his removal to another sphere of existence; and custom, as well as sympathy, require some expression of the estimation in which a departed member is held, and of the loss sustained in his death, therefore,

*Resolved*, That by the death of Dr. Joseph Carson, Emeritus Professor of Materia Medica in the University of Pennsylvania, this society has been deprived of one of its original members and one of its most distinguished ex-presidents.

*Resolved*, That the punctual and faithful discharge of the duties of President by Dr. Carson; the moderation and conciliation evinced by him in this capacity; the lively interest manifested in the welfare of the society; and the fact that the dignity and honor of the society were upheld and promoted in having as its chief officer one whose professional and social status was so conspicuous, are and will be held in grateful remembrance.

*Resolved*, That the exalted position in the University of Pennsylvania to which Dr. Carson attained, and the responsible situations in which he was placed by the various scientific and other organizations to which he was attached, must be regarded as the well-merited reward of a life devoted to useful study, and a scrupulous attention to the duties incumbent upon him in these several relations.

*Resolved*, That in the death of Dr. Carson, this society has lost one of its most learned, yet unostentatious members; one whose moral instincts and walk recommend him to us as a worthy exemplar.

*Resolved*, That an expression of the unfeigned regret and condolence felt by the members of this society, in the loss of so estimable a member, be conveyed to the bereaved family."

H. LEAMAN, Recording Secretary.